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| **Certified Public Manager® Program**  **Application** | | | | | | | | | | | | |
| Approved CPM Logo  Use Policy | | | | **Arizona’s CPM Program is administered by:** Bob Ramsey Executive EducationSchool of Public AffairsWatts College of Public Service & Community Solutions | | | | | bob_ramsey_logo_color | | | |
| **Please select your format choice, enter the CPM Cohort Number, and Program start date below:** | | | | | | | | | | | | |
| Visit our website <https://ramseyexecutive.asu.edu/content/certification-programs> for program information and schedule. | | | | | | | | | | | | |
| **Classroom Format**  CPM Cohort Number: 2503-C  Starting Date: August 2025 | | | | | | | **Online Format**  CPM Cohort Number: 2502-O  Starting Date: February 3, 2025 | | | | | |
| **Applicant Information:** | | | | | | | | | | | | |
| First Name: | | | | | | Last Name: | | | Title (Ms., Mr., Rank): | | | |
| Department: | | | | | | Job Title: | | | Organization: | | | |
| Business Address: | | | | | | | | | City/State: | | | ZIP: |
| Personal/Mailing Address: | | | | | | | | | City/State: | | | ZIP: |
| Phone: | Cell: | | | | Email: | | | | Secondary Email: | | | |
| **Program Eligibility:** | | | | | | | | | | | | |
| **To be eligible for the Certified Public Management® Program, applicants are required to have completed at least 60 hours of learning activities that address the CPM competencies below. This requirement can be fulfilled through completion of either Option 1 or 2 in the next section.**   * **Personal and Organizational Integrity** – Increasing awareness, building skills and modeling behaviors related to identifying potential ethical problems and conflicts of interest; appropriate workplace behavior; and legal and policy compliance. * **Managing Work** – Meeting organizational goals through effective planning, prioritizing, organizing and aligning human, financial, material and information resources. Empowering others by delegating clear job expectations; providing meaningful feedback and coaching; creating a motivational environment and measuring performance. Monitoring workloads and documenting performance. Dealing effectively with performance problems. * **Leading People** – Inspiring others to positive action through a clear vision; promotes a diverse workforce. Encouraging and facilitating cooperation, pride, trust, and group identity; fostering commitment and team spirit. Articulating a vision, ideas and facts in a clear and organized way; effectively managing emotions and impulses. * **Developing Self** – Demonstrating commitment to continuous learning, self-awareness and individual performance planning through feedback, study and analysis. * **Systemic Integration** – Approaching planning, decision-making and implementation from an enterprise perspective; understanding internal and external relationships that impact the organization. * **Public Service Focus** – Delivering superior services to the public and internal and external recipients; including customer/client identification, expectations, needs and developing and implementing paradigms, processes and procedures that exude positive spirit and climate; demonstrating agency and personal commitment to quality service. * **Change Leadership** – Acting as a change agent; initiating and supporting change within the organization by implementing strategies to help others adapt to changes in the work environment, including personal reactions to change; emphasizing and fostering creativity and innovation; being proactive. | | | | | | | | | | | | |
| **OPTION 1: Supervisory Academy (Arizona residents only)**  **Please note which Approved Supervisory Program you have completed. A copy of your certificate of completion is required.** | | | | | | | | | | | | |
| AGTS  Central Arizona Project Supervisors Academy | | | Certified Municipal Clerks (IIMC)  City of Peoria | | | | | City of Phoenix  City of Tempe | | | Pinal County  City of Mesa (Lead Mesa Academy) | |
| **OPTION 2: Education and/or Training**  *(Please complete A* ***and*** *B as detailed below)*  **Please list below your 60 contact hours through completed conferences, seminars, academic courses and/or professional development classes that address the CPM competencies (listed on page 1, under Program Eligibility). Be sure to identify which CPM competencies your learning activities meet and provide a brief explanation of how they meet the competencies.**  *(1 academic credit is considered the equivalent of 15 contact hours of instructor led classes, therefore, 4 academic credit hours equals 60 contact hours.)*  ***Attach separate sheet if needed.*** | | | | | | | | | | | | |
| 1. **Learning Activities** | | | | | | | | | | | | |
| Learning Activity: | | Learning Activity: | | | | | Learning Activity: | | | Learning Activity: | | |
| Provider: | | Provider: | | | | | Provider: | | | Provider: | | |
| Contact Hours: | | Contact Hours: | | | | | Contact Hours: | | | Contact Hours: | | |
| Completion Date: | | Completion Date: | | | | | Completion Date: | | | Completion Date: | | |
| CPM Competencies: | | CPM Competencies: | | | | | CPM Competencies: | | | CPM Competencies: | | |
| 1. **Competency Statement**   For each Learning Activity listed above in Section A, describe how it addresses the CPM competencies you identified. | | | | | | | | | | | | |
| Explanation: | | Explanation: | | | | | Explanation: | | | Explanation: | | |

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| **Supporting Documentation:** | | |
| Please attach the following applicable supporting documentation:   * Certificate of completion from an approved supervisory program * Unofficial transcript for post-secondary education * Training records or certificate of completion for professional development or in-house training | | |
| **Management Experience:** | | |
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| How many years of management experience do you have? | | |
| **Program Commitment:** | | |
| I understand I am expected to complete all program requirements, including:   * Attend all program class sessions * Complete all assignments (individual/group) within the specified time frame * Actively engage in the learning process   I recognize that I will not receive the Certified Public Manager® designation unless I fulfill the above commitment. | | |
| Name: | Signature: | Date: |
|  | | |
| For Additional Information, please contact: | | |
| CPM Program Manager:  **Michelle Hill**  Phone: 602.496.13062  Email: [mhill1@asu.edu](mailto:mhill1@asu.edu)  Web: <https://ramseyexecutive.asu.edu/content/cpm-online> | | |